PAYER:	eviCore
POLICY NAME:	Sleep Apnea and Clinical Treatment Guidelines
EFFECTIVE DATE:	February 14th, 2020

American Academy of SLEEP MEDICINE™

AASM SCORING CRITERIA*	SCORE	RATIONALE
A. Diagnostic testing for OSA should be performed in conjunction with a comprehensive sleep evaluation and adequate follow-up.	15 /15	The policy is largely consistent with the current AASM clinical practice guideline.
B. Polysomnography is the standard diagnostic test for the diagnosis of OSA in adult patients in whom there is a concern for OSA based on a comprehensive sleep evaluation.	5 /10	The policy would benefit by explicitly stating that polysomnography (PSG) is the standard diagnostic test for diagnosis of OSA.
C. Polysomnography, or home sleep apnea testing with a technically adequate device, should be used for the diagnosis of OSA in uncomplicated adult patients presenting with signs and symptoms that indicate an increased risk of moderate to severe OSA.	10 /10	The policy is largely consistent with the current AASM clinical practice guideline.
D1. An increased risk of moderate to severe OSA is indicated by the presence of excessive daytime sleepiness and at least two of the following three criteria: habitual loud snoring, witnessed apnea or gasping or choking, or diagnosed hypertension. Patients who do not meet these criteria in whom there is a concern for OSA based on a comprehensive sleep evaluation should be evaluated with PSG.	10 /10	The policy is largely consistent with the current AASM clinical practice guideline.
D2. PSG should be used for diagnosis in patients in whom there is a concern for significant non-respiratory sleep disorder(s) that require evaluation (e.g., disorders of central hypersomnolence, parasomnias, sleep related movement disorders) or interfere with accuracy of HSAT (e.g., severe insomnia); or environmental or personal factors that preclude the adequate acquisition and interpretation of data from HSAT.	10 /10	The policy is consistent with the current AASM clinical practice guideline.
E. If a single home sleep apnea test is negative, inconclusive, or technically inadequate, polysomnography should be performed for the diagnosis of OSA.	14 /15	The policy scored partial points because HSATs must be submitted for review.
F. An HSAT protocol that includes a single night recording is adequate for the diagnosis of OSA.	10 /10	The policy is consistent with the current AASM clinical practice guideline.
G. A technically adequate HSAT device incorporates a minimum of the following sensors: nasal pressure, chest and abdominal respiratory inductance plethysmography, and oximetry; or else PAT with oximetry and actigraphy.	10 /10	The policy is consistent with the current AASM clinical practice guideline.
H. Polysomnography, rather than home sleep apnea testing, be used for the diagnosis of OSA in patients with significant cardiorespiratory disease, potential respiratory muscle weakness due to neuromuscular condition, awake hypoventilation or suspicion of sleep related hypoventilation, chronic opioid medication use, history of stroke or severe insomnia. PSG is required for the diagnosis of non-obstructive sleep-disordered breathing (e.g., central sleep apnea, hypoventilation and sleep related hypoxemia).	7.5 /10	The policy scored partial points because of the restrictions on qualifying patients with COPD, CHF and obesity hypoventilation for polysomnography.
TOTAL	**91.5 /100**	**STAR RATING:** ★ ★ ★ ★ ★

≤50 points	51-60 points	61-80 points	81-90 points	91-100 points
★	★ ★	★ ★ ★	★ ★ ★ ★	★ ★ ★ ★ ★

Kapur VK, Auckley DH, Chowdhuri S, Kuhlmann DC, Mehra R, Ramar K, Harrod CG. Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2017;13(3):479–504.